| 703 (| | | |
|-----------------------|--|--|--|
| PS Form | SENDER: Complete items 1, 2, and 3. Add your address is the "RETURN TO" space on reverse. | | |
| 3811. Apr. 1977 RETUE | 1. The following service is requested (check one). Show to whom and date delivered¢ Show to whom, date, and address of delivery¢ RESTRICTED DELIVERY Show to whom and date delivered¢ RESTRICTED DELIVERY Show to whom, date, and address of delivery.\$¢ (CONSULT POSTMASTER FOR FEES) | | |
| RN RECEIPT | 2. ARTICLE ADDRESSED TO: ATP Company, c/o Theodore Elliott 19 N. Court St., Fred., Md. | | |
| REGIST | 3. ARTICLE DESCRIPTION: REGISTERED NO. CERTIFIED NO. INSURED NO. 748903 | | |
| R | (Always obtain signature of addressee or agent) | | |
| ED, INSURED AND CERTI | I have received the article described above. SIGNATURE Addressee Authorized agent DATE OF DELIVERY POSTMARIC 5. ADDRESS(Complete only it requested) | | |
| FIED MAIL | 6. UNABLE TO DELIVER BECAUSE: 1NITIALS \$\frac{1}{2}CP0: 1977-0-249-59 | | |

| 1 70 | | |
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| S Form | SENDER: Complete items, 1, 2, and 3. Add your address in the "Ri reverse. | ETURN TO" space on |
| 3811. Apr. 1977 RETURN RECEI | 1. The following service is requested (Show to whom and date delivered Show to whom, date, and address Show to whom and date delivered Show to whom and date delivered Show to whom, date, and address (CONSULT POSTMASTER FOR 2. ARTICLE ADDRESSED TO: Fred B. Abeles, c/o The 19 N. Court St., Fred | s of delivery¢ s of delivery.\$¢ FEES) |
| T, REGIST | 3. ARTICLE DESCRIPTION: REGISTERED NO. CERTIFIED NO. 748904 | INSURED NO. |
| B | (Always obtain signature of addre | ssee or agent) |
| ED, INSURED AND CERTIF | I have received the article described all SIGNATURE Addressee ADATE OF DELIVERY 2-3-82 5. ADDRESS(Complete only if requested) | POSTMARK |
| IED MAIL | 6. UNABLE TO DELIVER BECAUSE: | CLERK'S INITIALS ☆GP0: 1977-0-249-595 |
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